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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 1612**

SERIAL NUMBER 09/890,391	FILING DATE 07/30/2001  RULE	CLASS 455	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 1-2-127.1US
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**APPLICANTS**

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\*\* CONTINUING DATA YES B~  
 This application is a 371 of PCT/US99/20652 12/23/1999  
 which claims benefit of 60/118,824 02/05/1999

\*\* FOREIGN APPLICATIONS N/A B~

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Allowance	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<u>Examiner's Signature</u>	<u>Initials</u>	4	16	3

**ADDRESS**

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**TITLE**

Communication station with automatic cable loss compensation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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